

CERTIFICATE OF OCCUPANCY

CITY OF WAVELAND

that at the time of issuance, this structure was in compliance with the various ordinances of the City of This Certificate is issued pursuant to the requirements of the 2012 International Codes Council certifying Waveland regulating building construction or use.

Certificate #:1718869

Issued to: KOLBENSCHLAG, KEITH

Building Address: 125 ST. JOSEPH ST

City, State, Zip: WAVELAND, MS 39576

Issued Date: 05-15-2018 Expires: End of occupancy

Occupancy Type: R3 Residential 1 or 2 Family Dwelling Units (or DayCare < 5 Persons)

Sprinkler System Required: Vo

Special Conditions: None

0, 50

Building Official

)ate



NONCONVERSION AGREEMENT with CITY OF WAVELAND, MISSISSIPPI

This	DE	CLARATION made this 15th day of May, 20 18, by Keith Holbenshlag
WHE In th WHE flood	ERE le C ERE d ele	(OWNER) having an address at 175 St. Joseph St. SSETH: EAS, the Owner is the record owner of all that real property located at 125 St. Joseph St. ity of Waveland, MS, in the County of Hancock, designated in the Tax Records as 161 M-0-11-02 T. 000 EAS, the Owner has applied for a permit to place a structure on that property that has an enclosed area below the base evation constructed in accordance with the requirements of Article No. 5, Section "B" paragraph 5 of Waveland ain Management Ordinance of Number 342 and under Permit Number 1718869.
conc	ditio gatic	EAS, the Owner agrees to record this DECLARATION and certifies and declares that the following covenants, ns and restrictions are placed on the affected property as a condition of granting the Permit, and affects rights and ons of the Owner and shall be binding on the Owner, his heirs, personal representatives, successors, future owners, igns.
UPC	T NC	THE TERMS AND SUBJECT TO THE CONDITIONS, as follows:
	1.	The structure or part thereof to which these conditions apply is:
	2.	At this site, the Base Flood Elevation is 27 + feet above mean sea level, National Geodetic Vertical Datum.
	3.	Enclosed areas below the Base Flood Elevation shall be used solely for parking of vehicles, limited storage, or access to the building. All interior walls, ceilings and floors below the Base Flood Elevation shall be unfinished or constructed of flood resistant materials. Mechanical, electrical or plumbing devices shall not be installed below the Base Flood Elevation.
,	4.	The walls of the enclosed areas below the Base Flood Elevation shall be equipped and remain equipped with openings as shown on the Permit.
2	5.	The jurisdiction issuing the Permit and enforcing the Ordinance may take any appropriate legal action to correct any violation. Any alterations or changes from these conditions also may render the structure uninsurable or increase th cost for flood insurance.
į	6.	A duly appointed representative of the City is authorized to enter the property for the purpose of inspecting the exterior and interior of the enclosed area to verify compliance with this Declaration. Such inspections will be conducted upon due notice to the Owner and no more frequently than once each year. More frequent inspections may be conducted if an annual inspection discovers a violation of the Permit.
	7.	Other conditions:
	ۇ	In witness whereof the undersigned set their hands and seals this day of the undersigned set their hands and seals this day of the undersigned set their hands and seals this day of the undersigned set their hands and seals this day of the undersigned set their hands and seals this day of the undersigned set their hands and seals this day of the undersigned set their hands and seals this day of the undersigned set their hands and seals this day of the undersigned set their hands and seals this day of the undersigned set their hands and seals this day of the undersigned set their hands and seals this day of the undersigned set their hands and seals this day of the undersigned set their hands and seals this day of the undersigned set their hands and seals this day of the undersigned set their hands and seals this day of the undersigned set their hands are day of the undersigned seals the undersigned set their hands are day of the undersigned seals the under

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATEImportant: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

	SECT	TION A - PROPERTY	INFOR	MATION		FOR INSUE	RANCE COMPANY USE
A1. Building Owner KOLBENSCHLAG	r's Name					Policy Num	ber:
Box No.	A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number: 125 ST. JOSEPH STREET Company NAIC Number:						IAIC Number:
City WAVELAND				State Mississippi		ZIP Code 39576	
the communication of the commu	A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOTS 10 & 11, FIVE OAKS PLACE SUBDIVISION						
A4. Building Use (e.g., Resident	tial, Non-Residential, A	ddition	, Accessory, etc.)	Residential		
A5. Latitude/Longit	ude: Lat. <u>30</u>)-16-57.9	_ong	39-22-17.3	Horizontal Datun	n: NAD	1927 X NAD 1983
A6. Attach at least	2 photograph	ns of the building if the	Certific	cate is being used to	obtain flood insura	ance.	
A7. Building Diagra	m Number	5					
A8. For a building	with a crawlsp	pace or enclosure(s):					
a) Square foot	age of crawls	space or enclosure(s)		0 sq ft			
b) Number of p	permanent flo	od openings in the cra	wlspac	e or enclosure(s) w	ithin 1.0 foot above	adjacent gr	ade0
c) Total net an	ea of flood op	enings in A8.b0	S	sq in			
d) Engineered	flood opening	gs? 🗌 Yes 🗵 No)				
A9. For a building v	vith an attach	ed garage:					
a) Square foot	age of attach	ed garage0		sq ft			
b) Number of p	permanent flo	od openings in the atta	ached g	garage within 1.0 foo	ot above adjacent o	ırade	0
c) Total net are	ea of flood op	enings in A9.b	0	sq in		(**************************************	
d) Engineered	flood opening	gs? Yes X N	0				
		The state of the s					
		CTION B - FLOOD IN	ISURA			TION	
B1. NFIP Communi WAVELAND 28526	CO-SEC CONSTRUCTION OF SOME SOME	ommunity Number		B2. County Name HANCOCK			B3. State Mississippi
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	E	IRM Panel ffective/ evised Date	B8. Flood Zone(s)	(Zo	se Flood Elevation(s) ne AO, use Base od Depth)
28045C0361	D	10/16/2009		6/2009	VE	22	ou Deputy
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:							
☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other/Source:							
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X NAVD 1988 Other/Source:							
B12. Is the building	located in a	Coastal Barrier Resou	rces S	ystem (CBRS) area	or Otherwise Prote	ected Area (0	OPA)? ☐ Yes ☒ No
Designation D)ate:		CBRS	☐ OPA			æ

IMPORTANT: In these spaces, copy the corresponding information from Sect	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route	Policy Number:				
125 ST. JOSEPH STREET					
City State ZIP C WAVELAND Mississippi 39576		Company NAIC Number			
SECTION C – BUILDING ELEVATION INFORMATI	ON (SURVEY RE	EQUIRED)			
C1. Building elevations are based on: Construction Drawings* Build Build A new Elevation Certificate will be required when construction of the building	50	uction* Finished Construction			
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BF Complete Items C2.a–h below according to the building diagram specified in					
Benchmark Utilized: GPS DERIVED Vertical Datum:	NAVD 1988				
Indicate elevation datum used for the elevations in items a) through h) below					
☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source:					
Datum used for building elevations must be the same as that used for the BF	E.	Check the measurement used.			
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>24</u> . 0	X feet meters			
b) Top of the next higher floor	N/A	x feet			
c) Bottom of the lowest horizontal structural member (V Zones only)	23.0				
d) Attached garage (top of slab)	N/A	X feet meters			
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	N/A	X feet meters			
f) Lowest adjacent (finished) grade next to building (LAG)	9.3	X feet meters			
g) Highest adjacent (finished) grade next to building (HAG)	11.1				
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	N/A	✓ meters			
SECTION D – SURVEYOR, ENGINEER, OR ARC	HITECT CERTIF	ICATION			
This certification is to be signed and sealed by a land surveyor, engineer, or arch I certify that the information on this Certificate represents my best efforts to interp	itect authorized by aret the data availa	y law to certify elevation information.			
statement may be punishable by fine or imprisonment under 18 U.S. Code, Section Were latitude and longitude in Section A provided by a licensed land surveyor?		Check here if attachments.			
Certifier's Name License Number		T			
JASON P. CHINICHE P.E. 19732		P. CHIA			
Title PROJECT MANAGER		GOTELD PROFESS CA			
Company Name JAMES J. CHINICHE, PA, INC.		Seal			
Address 412 HWY. 90, SUITE 2		Here 19732			
City State BAY ST. LOUIS Mississippi	ZIP Code 39520	FOF MISSIS			
Signature Date	Telephone				
04/24/2017	(228) 464-6755				
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.					
Comments (including type of equipment and location, per C2(e), if applicable) NOTE: The description in A3. above is for information only & not to certify the bui map in section B4. Recommend verification of (BFE) by local building official. The Owner is responsible for coordinating this certificate with Contractor and/or Buildi is a found 40d nail in power pole elevation 12.7 ft.	e flood zone is det	ermined by graphic plotting only.			

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION						FOR INSU	RANCE COMPANY USE
A1. Building Owne KOLBENSCHLAG	r's Name	#2017-450				Policy Num	ber:
Box No.	A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 125 ST. JOSEPH STREET Company NAIC Number:						IAIC Number:
City WAVELAND				State Mississippi		ZIP Code 39576	
A3. Property Desc LOTS 10 & 11, FIV		id Block Numbers, Tax CE SUBDIVISION	Parce	l Number, Legal De	scription, etc.)		
A4. Building Use (e.g., Resident	ial, Non-Residential, A	ddition	, Accessory, etc.)	Residential		
A5. Latitude/Longit	ude: Lat. 30	-16-57.9 [_ong{	39-22-17.3	Horizontal Datum	: NAD	1927 X NAD 1983
		ns of the building if the	COM ONE				
A7. Building Diagra	ım Number	5					
A8. For a building	- with a crawlsp	pace or enclosure(s):					
a) Square foot	age of crawls	pace or enclosure(s)		0 sq ft			
b) Number of p	permanent flo	od openings in the cra	wlspac	e or enclosure(s) w	ithin 1.0 foot above	adjacent gr	ade 0
c) Total net are	ea of flood op	enings in A8.b 0	5	sq in			
d) Engineered	flood opening	gs? Yes 🗵 No)				
A9. For a building v	vith an attach	ed garage:					
a) Square foot	age of attach	ed garage0		sq ft			
		od openings in the atta			ot above adjacent g	rade	0
827 8 74		enings in A9.b				-	
390. Mode 29 H		gs? ☐ Yes ☒ N		2009			
a) Engineered	nood opening	go103 Z_1W	,				
	SE	CTION B - FLOOD IN	ISURA	NCE RATE MAP	(FIRM) INFORMA	TION	
B1. NFIP Communi	. 7	ommunity Number		B2. County Name			B3. State
WAVELAND 28526	52			HANCOCK			Mississippi
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date		IRM Panel ffective/	B8. Flood Zone(s)		se Flood Elevation(s) ne AO, use Base
28045C0361	_	10/16/2009	R	evised Date	VE		od Depth)
2004300361	D	10/16/2009	10/10	72009	VE	22	
B10. Indicate the s	ource of the E	Base Flood Elevation (BFE) d	ata or base flood de	epth entered in Item	B9:	
Section and an action of the section	B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: ☐ FIS Profile X FIRM ☐ Community Determined ☐ Other/Source:						
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X NAVD 1988 Other/Source:							
D40 la tha huildina	B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? \(\subseteq \) Yes \(\subseteq \) No						
200 20 20 20		N		·	or Otherwise Prote	cied Area (JPA) (Tes X NO
Designation D	oate:		BRS	ОРА			

IMPORTANT: In these spaces, copy the corresponding information from Section	FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route 125 ST. JOSEPH STREET	Policy Number:	
CityStateZIP CoWAVELANDMississippi39576	ode	Company NAIC Number
SECTION C – BUILDING ELEVATION INFORMATIO	N (SURVEY RE	:QUIRED)
	28. 3 N/A. N/A. N/A. 11. 0	Ction* Finished Construction AE, AR/A1–A30, AR/AH, AR/AO. Rico only, enter meters. Check the measurement used. X feet meters feet meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	N/A	X feet
SECTION D – SURVEYOR, ENGINEER, OR ARCHI	ITECT CERTIFIC	CATION
This certification is to be signed and sealed by a land surveyor, engineer, or archite I certify that the information on this Certificate represents my best efforts to interpre statement may be punishable by fine or imprisonment under 18 U.S. Code, Section Were latitude and longitude in Section A provided by a licensed land surveyor?	ect authorized by et the data availab n 1001.	law to certify elevation information.
Certifier's Name License Number JASON P. CHINICHE P.E. 19732		P. CHIA
Title PROJECT MANAGER Company Name JAMES J. CHINICHE, PA, INC. Address 412 HWY. 90, SUITE 2		Seal Here 19732
	IP Code 9520	OF MISSIPPE
Jan Chabe 11/12/2017 (2	elephone 228) 464-6755	
Copy all pages of this Elevation Certificate and all attachments for (1) community official Comments (including type of equipment and location, per C2(e), if applicable) NOTE: The description in A3. above is for information only & not to certify the building pin section B4. Recommend verification of (BFE) by local building official. The flowner is responsible for coordinating this certificate with Contractor and/or Building is a found 40d nail in power pole elevation 12.7 ft.	ing location. The lood zone is dete	Base Flood Elevation (BFE) is per rmined by graphic plotting only.

IMPORTANT: In these spaces, copy the correspon	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, a 125 ST. JOSEPH STREET	and/or Bldg. No.) or P.O		Policy Number:		
City WAVELAND	State Mississippi	ZIP Code 39576	Company NAIC Number		
SECTION E – BUILDING E FOR ZO	ELEVATION INFORMA ONE AO AND ZONE A		REQUIRED)		
For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters. E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG). a) Top of bottom floor (including basement)					
a) Top of bottom floor (including basement, crawlspace, or enclosure) isb) Top of bottom floor (including basement,		X feet meter	rs above or below the HAG.		
crawlspace, or enclosure) is E2. For Building Diagrams 6–9 with permanent floor		X feet meter			
the next higher floor (elevation C2.b in the diagrams) of the building is	1 openings provided in C	X feet meter			
E3. Attached garage (top of slab) is		X feet meter	rs above or below the HAG.		
E4. Top of platform of machinery and/or equipment servicing the building is		X feet	rs 🔲 above or 🗎 below the HAG.		
E5. Zone AO only: If no flood depth number is availa floodplain management ordinance? Yes	able, is the top of the bo	ttom floor elevated in ac The local official must	cordance with the community's certify this information in Section G.		
SECTION F - PROPERTY O	WNER (OR OWNER'S	REPRESENTATIVE) C	ERTIFICATION		
The property owner or owner's authorized representa community-issued BFE) or Zone AO must sign here.	ative who completes Sec The statements in Sect	ctions A, B, and E for Zo ions A, B, and E are cor	one A (without a FEMA-issued or rect to the best of my knowledge.		
Property Owner or Owner's Authorized Representation	ve's Name				
Address	City	St	ate ZIP Code		
Signature	Date	Те	elephone		
Comments					
			Check here if attachments.		

IMPORTANT: In these spaces, copy the corre		FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, S 125 ST. JOSEPH STREET	x No.	Policy Number:			
City WAVELAND	State ZIP Code Mississippi 39576		Company NAIC Number		
SECTIO	ON G - COMMUNITY INFORMATION (OPT	IONAL)			
The local official who is authorized by law or or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	Certificate. Complete the applicable item(s)	plain mar and sign	nagement ordinance can complete below. Check the measurement		
G1. The information in Section C was tak engineer, or architect who is authoriz data in the Comments area below.)	en from other documentation that has been ed by law to certify elevation information. (In	signed and dicate the	d sealed by a licensed surveyor, e source and date of the elevation		
G2. A community official completed Secti or Zone AO.	on E for a building located in Zone A (withou	ıt a FEMA	a-issued or community-issued BFE)		
G3. The following information (Items G4-	G10) is provided for community floodplain m	nanageme	ent purposes.		
G4. Permit Number	G5. Date Permit Issued		ate Certificate of ompliance/Occupancy Issued		
G7. This permit has been issued for:	New Construction Substantial Improve	ment			
G8. Elevation of as-built lowest floor (including of the building:	g basement)·	feet	meters Datum		
G9. BFE or (in Zone AO) depth of flooding at t	he building site:	feet	meters Datum		
G10. Community's design flood elevation:		feet	meters Datum		
Local Official's Name	Title				
Community Name	Telephone	si bacanga mana			
Signature	Date				
Comments (including type of equipment and loc	cation, per C2(e), if applicable)				
			Check here if attachments.		

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, c	FOR INSURANCE COMPANY USE		
Building Street Address (including 125 ST. JOSEPH STREET	Policy Number:		
City	State	ZIP Code	Company NAIC Number
WAVELAND	Mississippi	39576	

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption FRONT VIEW 11/12/2017



Photo Two

Photo Two Caption REAR VIEW 11/12/2017

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

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ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION						FOR INSUF	RANCE COMPANY USE
A1. Building Owne KOLBENSCHLAG	r's Name	#2018-194				Policy Num	ber:
Box No.	A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 125 ST. JOSEPH STREET Company NAIC Number:						
City WAVELAND				State Mississippi		ZIP Code 39576	
A3. Property Desc LOTS 10 & 11, FIV		nd Block Numbers, Tax CE SUBDIVISION	Parce	Number, Legal De	scription, etc.)		
A4. Building Use (e.g., Resident	tial, Non-Residential, A	ddition	, Accessory, etc.)	Residential		
A5. Latitude/Longit	ude: Lat. <u>30</u>	-16-57.9 [_ong. <u>-</u> 8	39-22-17.3	Horizontal Datum	n: NAD 1	1927 X NAD 1983
A6. Attach at least	2 photograph	ns of the building if the	Certific	ate is being used to	o obtain flood insura	ance.	
A7. Building Diagra	am Number	5					
A8. For a building v	with a crawlsp	pace or enclosure(s):					
a) Square foot	age of crawls	space or enclosure(s)		256 sq ft			
b) Number of	permanent flo	od openings in the cra	wlspac	e or enclosure(s) w	ithin 1.0 foot above	adjacent gr	ade3
c) Total net are	ea of flood op	enings in A8.b31	5s	q in			
d) Engineered	flood opening	gs? 🗌 Yes 🗵 No)				
A9. For a building v	vith an attach	ed garage:					
a) Square foot	age of attach	ed garage0		sq ft			
b) Number of p	permanent flo	od openings in the atta	ached g	arage within 1.0 fo	ot above adjacent g	rade	0
c) Total net are	ea of flood op	enings in A9.b	0	sq in			,
d) Engineered	flood opening	gs? ☐ Yes ☒ No)	e) Brown			
B4 NEIB 0		CTION B – FLOOD IN	ISURA	i	·	TION	I
B1. NFIP Communi WAVELAND 28526		ommunity Number		B2. County Name HANCOCK			B3. State Mississippi
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	E1	IRM Panel fective/ evised Date	B8. Flood Zone(s)	(Zo	se Flood Elevation(s) ne AO, use Base od Depth)
28045C0361	D	10/16/2009	10/16		VE	22	ou Deptil)
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: The FIS Profile FIRM Community Determined Other/Source:							
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source:							
B12. Is the building	B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No						
Designation D)ate:		BRS	□ ОРА			and productions seeming the se

IMPORTANT: In these spaces, copy the corresponding information from Section A.	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 125 ST. JOSEPH STREET	Policy Number:		
City State ZIP Code	Company NAIC Number		
WAVELAND Mississippi 39576			
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY RE	EQUIRED)		
 C1. Building elevations are based on: Construction Drawings* Building Under Constru *A new Elevation Certificate will be required when construction of the building is complete. C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/A 	_		
Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Benchmark Utilized: BH0959 Vertical Datum: NAVD 1988			
Indicate elevation datum used for the elevations in items a) through h) below. ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source:			
Datum used for building elevations must be the same as that used for the BFE.	······		
	Check the measurement used.		
a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 28. 3	X feet meters		
b) Top of the next higher floorN/A	X feet meters		
c) Bottom of the lowest horizontal structural member (V Zones only)3	X feet meters		
d) Attached garage (top of slab)N/A	X feet meters		
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	X feet		
f) Lowest adjacent (finished) grade next to building (LAG)1. 0	X feet meters		
g) Highest adjacent (finished) grade next to building (HAG)11. 1	X feet meters		
h) Lowest adjacent grade at lowest elevation of deck or stairs, includingN/Astructural support	X feet		
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFI	CATION		
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by I certify that the information on this Certificate represents my best efforts to interpret the data availar statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.	law to certify elevation information. ble. I understand that any false		
Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No	Check here if attachments.		
Certifier's Name License Number JASON P. CHINICHE P.E. 19732	ASON ASON ASSESSED OF THE PROPERTY OF THE PROP		
Title PROJECT MANAGER	CENSED PROCE		
Company Name JAMES J. CHINICHE, PA, INC.	Seal NA IT		
Address 412 HWY. 90, SUITE 2	There 75 and 75		
City State ZIP Code BAY ST. LOUIS Mississippi 39520	MISSISSIVIIII		
Signature Date Telephone 04/25/2018 (228) 464-6755			
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance a	agent/company, and (3) building owner.		
Comments (including type of equipment and location, per C2(e), if applicable) NOTE: The description in A3. above is for information only & not to certify the building location. The map in section B4. Recommend verification of (BFE) by local building official. The flood zone is determined by the contractor and/or Building Official as need is a found 40d nail in power pole elevation 12.7 ft.	ermined by graphic plotting only.		

IMPORTANT: In these spaces, copy the corresponding information from Section A.						ICE COMPANY USE
	ding Street Address (including Apt., Unit, Suite, a ST. JOSEPH STREET	nd/or Bldg. No.) or F	P.O. Route and Bo	ox No.	Policy Number:	
City	VELAND	State Mississippi	ZIP Code 39576		Company NAIC	Number
	SECTION E – BUILDING E FOR ZOI	LEVATION INFOR NE AO AND ZONE			REQUIRED)	
com	Zones AO and A (without BFE), complete Items E plete Sections A, B,and C. For Items E1–E4, use r meters.					
E1.	Provide elevation information for the following and the highest adjacent grade (HAG) and the lowest a) Top of bottom floor (including basement,			w whether	the elevation is	above or below
	crawlspace, or enclosure) is b) Top of bottom floor (including basement,		X feet	meters	above or	below the HAG.
50	crawlspace, or enclosure) is			meters		below the LAG.
EZ.	For Building Diagrams 6–9 with permanent flood the next higher floor (elevation C2.b in the diagrams) of the building is	openings provided		s 8 and/or 9		2 of Instructions), Delow the HAG.
E3.	Attached garage (top of slab) is		× feet	meters	above or	below the HAG.
E4.	Top of platform of machinery and/or equipment servicing the building is		× feet	meters	above or	below the HAG.
E5.	Zone AO only: If no flood depth number is availal floodplain management ordinance?	ble, is the top of the				
	SECTION F - PROPERTY OV	VNER (OR OWNER	'S REPRESENTA	ATIVE) CEI	RTIFICATION	
The	property owner or owner's authorized represental munity-issued BFE) or Zone AO must sign here.	tive who completes The statements in S	Sections A, B, an ections A, B, and	d E for Zon E are corre	e A (without a Fect to the best o	EMA-issued or f my knowledge.
Prop	perty Owner or Owner's Authorized Representativ	e's Name				
Add	ress	Ci	ity	Stat	e	ZIP Code
Sigr	ature	Da	ate	Tele	ephone	
Com	ments			***************************************		
						6
						ere if attachments.

IMPORTANT: In these spaces, copy the corresponding information	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and/or Bldg. N 125 ST. JOSEPH STREET	. Policy Number:					
City State WAVELAND Mississippi	ZIP Code 39576	Company NAIC Number				
SECTION G - COMMUNIT	Y INFORMATION (OPTION)	YL)				
	The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.					
G1. The information in Section C was taken from other docu engineer, or architect who is authorized by law to certify data in the Comments area below.)	engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation					
G2. A community official completed Section E for a building or Zone AO.	located in Zone A (without a F	EMA-issued or community-issued BFE)				
G3. The following information (Items G4–G10) is provided for	r community floodplain mana	gement purposes.				
G4. Permit Number G5. Date Permit	Issued	66. Date Certificate of Compliance/Occupancy Issued				
G7. This permit has been issued for: New Construction	Substantial Improvemen	t				
G8. Elevation of as-built lowest floor (including basement) of the building:	□	feet meters Datum				
G9. BFE or (in Zone AO) depth of flooding at the building site: _		feet meters Datum				
G10. Community's design flood elevation:		feet meters Datum				
Local Official's Name	Title					
Community Name	Telephone					
Signature	Date					
Comments (including type of equipment and location, per C2(e), if	applicable)					
		Check here if attachments.				

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY USE Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Policy Number: 125 ST. JOSEPH STREET

City ZIP Code State Company NAIC Number WAVELAND 39576 Mississippi

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One Caption FRONT VIEW

ELEVATION CERTIFICATE



Photo Two

Photo Two Caption REAR VIEW

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 125 ST. JOSEPH STREET			Policy Number:
City WAVELAND	State Mississippi	ZIP Code 39576	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

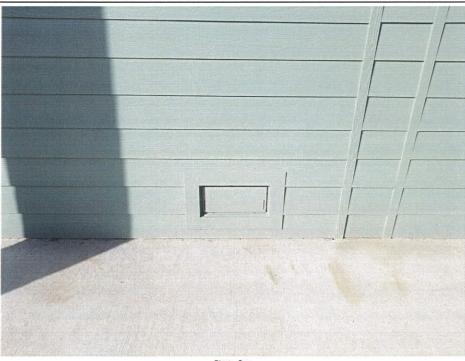


Photo One

Photo One Caption Vent x3

Photo Two

Photo Two

Photo Two Caption

V-ZONE CERTIFICATE

Name: Keith Kolbenschlag

Policy Number (Insurance Co. Use):

Building Address or

Other Description: 125 St. Joseph Street

City: Waveland

State: Mississippi

Zip Code: 39576

SECTION I: Flood Insurance Rate Map (FIRM) Information

Community Number: 285262 Panel Number: 28045C0361 Suffix:D Date of FIRM Index: 10/16/09 FIRM Zone: VE 22

SECTION II: Elevation Information

Note: This Certificate does not substitute for an Elevation Certificate

1.	Elevation of the Bottom of Lowest Horizontal Structural Member	26.0*	feet (NAVD)
2.	Base Flood Elevation (BFE)	22.0	feet (NAVD)
3.	Elevation of Lowest Adjacent Grade	9.3	feet (NAVD)
4.	Approximate Depth of Anticipated Scour/Erosion used for Foundation Design	1.0	feet
5.	Embedment Depth of Pilings or Foundation Below Lowest Adjacent Grade	8.0	feet
	SECTION III: V-Zone Certification Statement		

Note: This section must be certified by a registered engineer or architect

I certify that I have developed or reviewed the structural design, plans, and specifications for construction and that the design and methods of construction to be used are in accordance with accepted standard of practice for meeting the following provisions:

- The bottom of the lowest horizontal structural member of the lowest floor (excluding piles and columns) is elevated to or above the BFE; and
- The pile and column foundation and structure attached thereto is anchored to resist flotation, collapse, and lateral movement due to the effects of the wind and water loads acting simultaneously on all building components. Water loading values used are those associated with the base flood. Wind loading values used are those required by the applicable State or local building code. The potential for scour and erosion at the foundation has been anticipated for conditions associated with the base flood, including wave action.

SECTION IV: Breakaway Wall Certification Statement Note: This section must be certified by a registered engineer or architect When breakaway walls exceed a design safe loading resistance of 20 pounds per square foot

I certify that I have developed or reviewed the structural design, plans, and specifications for construction and that the design and methods of construction to be used for the breakaway walls are in accordance with accepted standards of practice for meeting the following provisions:

- Breakaway wall collapse shall result from a water load less than that which would occur during the base flood; and
- The elevated portion of the building and supporting foundation system shall not be subject to collapse, displacement, or other structural damage due to the effects of wind and water loads acting simultaneously on all building components (wind and water loading values to be used are defined in Section III).

SECTION V: Certification

Signature below certifies: X Section III; X Section IV

Company Name: License Number: 13199

State: Mississippi

Date: 10/04/17

Certifiers Name: Stuart Williamson, P.E., C.F.M.

Title: Civil Engineer

Compass Floodplain Consultants, LLC

Address: P.O. Box 3145 City: Bay St Liquis

Zip Code:

Telephone Number: (228) 243-4066

n and Construction Certification

Home Builders Guide to Coastal Construction

Signature: